

## Application Data Sheet

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?

Title:: "Self Air-Bleeding Fuel Supply System For a Diesel Engine with Gravity Primed Fuel Feed Pump"

Attorney Docket Number:: 1230-101.US

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 1

Small Entity:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority type:: Inventor

Primary Citizenship Country: Indian

Status:: Full Capacity

Given Name:: R.

Middle Name::

Family Name:: Krishnamoorthy

City of Residence:: Mumbai -101  
State or Province of Residence:: Maharastra  
Country of Residence:: India  
Street of mailing address:: Z-Wing, Flat No. 604  
Gokul Garden, Thakur Complex  
Kandivali (E)  
City of mailing address:: Mumbai -101  
State or Province of mailing address:: Maharashtra  
Postal or Zip Code of mailing address::

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country: Indian  
Status:: Full Capacity  
Given Name:: Prashant  
Middle Name:: Subhash  
Family Name:: Khairnar  
City of Residence:: Ambernath (W)  
State or Province of Residence:: Maharastra  
Country of Residence:: India  
Street of mailing address:: Triveni Sadan, Patil Coloney, Chinchpada,  
City of mailing address:: Ambernath (W), District Thane,  
State or Province of mailing address:: Maharashta  
Postal or Zip Code of mailing address::

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country: Indian  
Status:: Full Capacity

Given Name:: Krishnan  
Middle Name:: Kumar  
Family Name:: Tiwari  
City of Residence:: Evershine City  
State or Province of Residence:: Maharastra  
Country of Residence:: India  
Street of mailing address:: EC-79/B,G003  
City of mailing address:: Evershine City, Vasai (E), Thana-401205  
State or Province of mailing address:: Maharashta  
Postal or Zip Code of mailing address

### Correspondence Information

Name:: Colin P. Abrahams  
Street of mailing address:: 5850 Canoga Avenue, Suite 400  
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State or Province of mailing address:: CA  
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### Representative Information

Representative Designation::	Registration number::	Name::
Primary	32393	Colin P. Abrahams

Representative Customer Number::	023390
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**D mestic Priority Information**

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This Application	Continuation of		

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
India	548/MUM/2003	05/30/2003	Yes

**Assignment Information**

Assignee name::